



YMCA Shakespeare in the Parks Summer Camp  
Camper Information Form



**THIS FORM MUST BE TURNED IN ON OR BEFORE FIRST DAY OF CAMP**

**PLEASE PRINT**

Child's Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade 2010/11: \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_

\*Parent's/ Guardian's Names: \_\_\_\_\_

\*Office/Cell Phone # \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

**Emergency Contact:** person to be notified in case of illness or accident.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent Statement of Understanding

I, the undersigned, give permission for my child to participate in all activities planned for the days my child attends the Shakespeare in the Parks. I give my child permission to participate in supervised out-of-facility trips, including visits to the Y.

In case of an emergency, I understand that every effort will be made to contact parents or guardians of my child. In the event that I cannot be reached, I hereby give permission to the physician selected by the YMCA staff to care for my child.

I hereby give my consent to the Family YMCA at Tarrytown, and to such other person(s) as the Family YMCA at Tarrytown may designate, to use my name, voice, statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, or for any lawful purpose whatever, in any media now known or hereafter developed.

I understand that my child will not be able to leave the program with an unauthorized person. Any person authorized to pick up my child other than myself must be pre-arranged separately with the Coordinator of the program.

**I understand that when contact information changes that I will notify the YMCA of these changes.**

I have read and fully understand the statement above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PLEASE READ AND SIGN BACK**

Family YMCA at Tarrytown, 62 Main Street, Tarrytown, NY 10591, (914) 631-4807

## Shakespeare in the Parks Camper Release Information Form Summer 2010

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Pick-Up Information:** List all persons permitted to remove your child from the program:

Mother: Y or N (*Circle*)

Father: Y or N (*Circle*)

Others:

**Name\*** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**Name\*** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

*\*Your child will not be released to anyone else unless you notify the YMCA by phone or in writing*

MY CHILD HAS MY PERMISSION TO LEAVE THE CAMP BY HIM/HER SELF AT END OF SESSION (AFTER CHECK-OUT WITH CAMP DIRECTOR) AND BE A "WALKER."  
Y OR N (*Circle*)



Is there any other information you would like us to know about your child?

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